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ABSTRACT

The final technical report on the Illinois Regional Resource Center (RRC) details project activities (1974 to 1977) concerning the programing and assessment of unexplained or undiagnosed handicaps. Summaries and evaluation information are presented on the following RRC efforts: state program development (including technical assistance activities); educational appraisal (testing and referral); educational programing (parent and teacher consultation and program review); sharing resources; and project accountability and administration. (CL)

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Final Technical Report

Illinois Regional Resource Center #7
Peoria Public Schools
3202 North Wisconsin Avenue
Peoria, Illinois 61603

June 1, 1974 Through November 30, 1977

Contract No. OEGO-74-7901

January 31, 1978

EC112417

U. S. Department of Health, Education, And Welfare---Office of Education---Bureau of Education for the Handicapped

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FINAL TECHNICAL REPORT: ILLINOIS RRC

ABSTRACT

The impact of RRC #7 can best be explained through a portion of a report prepared for Statewide Hearings on Expiring Aid to Education Legislation, April 1977, as follows:

Development of Work of RRC #7

The Illinois Regional Resource Center was established as a part of a system of Regional Centers throughout the United States to serve the unmet needs of handicapped children between the ages of 3 and 21. Funds are provided on a contractual basis from the Department of Health, Education, and Welfare, Bureau for the Education of the Handicapped under Public Law 91-230; Title VI, Part C. This contract with BEH was granted in response to Request For Proposal 74-6, beginning February 1, 1974, and is administered through Peoria Public School District 150. Public school administration of this project is unique in the RRC system as all other Resource Centers are administered either by universities or state offices of education. The percentage of indirect cost charged by the Peoria District 150 is 27.82.

This original three year contract was devoted to the programming and assessment of unexplained and/or undiagnosed handicaps. The proposal was cast into three one-year stages, each building upon the other. The planning year, 1974-75, developed the model system of service continuum; 1975-76 was a year of implementation and testing of the model developed; and the following year produced replication of the project in many areas of the state. The RRC recognized that the type of services needed for children would vary depending on the nature of the child's problem and the programming

assistance required by the resident district. Consequently, the services provided by the RRC were arranged on a continuum to meet the needs of individual children and their schools. Three phases were placed on this continuum: (1) on-site evaluation, (2) specialized medical and non-medical evaluation, and (3) diagnostic classroom placement which included educational diagnosis and prescription.

During the beginning year of the project, 1974, model classrooms were set up in both the Diagnostic Learning Center in District 150 and in Metcalf Hall at Illinois State University. These classrooms were staffed with diagnostic teachers and aides with a support component of a psychologist, consulting diagnostic teacher, deaf educator, director, assistant director, and clerical staff. The first year was devoted to planning for the classroom operation and securing referrals from the area to be served within the state. During school year 1974-75, 25 children were served through the RRC.

Implementation and refinement for the diagnostic/prescriptive model took place in 1975-76. The on-site evaluation component was strengthened and the classrooms became more active. Funds were available to purchase all types of medical diagnosis for children referred. At the end of this school year, 107 children had been referred and served.

During the third year, 1976-77, emphasis was placed on replication of the diagnostic/prescriptive classroom system throughout the entire Illinois region. Administrators from the thirteen low incidence regions in Illinois and from two Title VI projects were invited to a meeting in early spring of 1976. At this meeting the diagnostic/prescriptive system was explained and the administrators began their assistance to the process of replicating this system within their own regions. From the original fifteen administrators

contacted, twelve replication sites were started, ranging from Carbondale to Gurnee, IL and from Rock Island to Mattoon, IL. The administrators of these twelve programs elected to send teachers to a workshop held during the first two weeks of August, 1976, in Peoria. At this workshop, the Illinois Regional Resource Diagnostic Prescriptive Model was studied with the intent of adopting/adapting this type of service in each of their Child Find regions.

In September, 1976, the RRC provided nearly $10,000.00 for each of the programs wishing to replicate. This money was used to start-up for personnel, inservice, evaluation, and direct diagnostic services for children provided by medical and other consultants. This money was available to each of the replicating centers through January 31, 1977.

By January 31, 1977, the Illinois RRC Diagnostic Classrooms, located in Normal and Peoria, served 422 children in direct diagnosis and prescription. During the period from September 1 through January 31, 1977, 711 additional children were served by the replicating centers within the state. Since the beginning of the project in 1974, over 1100 children have been directly aided by the federal dollars expended through the RRC in Illinois.

During the seven-month continuation grant (which ultimately became a ten-month extension), RRC #7 proposed continuation of technical assistance to replicators, continued administration of direct service funds and development of two manuals designed to assist the SEA in compliance to P. L. 94-142. The manuals produced are Guidelines for Development of an Effective Diagnostic System and Partnerships with Parents. These publications were finished after CORRC was disbanded so are not entered into the

supplemental materials list. We have attempted to have them entered into the ERIC system; they should be available through that system soon.

Direct Service Funds

During the contract period, some of the federal funding has been set aside to be used for medical and non-medical consultants on a direct service basis. This money has purchased numerous evaluations for children anywhere within the State of Illinois. The funds have been used for handicapped children needing diagnosis for whom no other source of funds was available. These diagnostic evaluations have ranged from simple examination through exceedingly complex and total physical/neurological/psychological evaluations carried out at hospitals and clinics. Results from these direct service funded diagnoses have produced the basis for more exacting educational programming for many handicapped children. From February 1, 1976 to November 31, 1977, one hundred ninety-seven (197) handicapped children were served through direct service funds.

RRC/CORRC
Final Technical Reporting
and Supplemental Materials
Submission

Front Material for FTR

Contract No. OEGO-74-7901

Final Technical Report of the Illinois Regional Resource Center

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Peoria, Illinois

January 30, 1978

This project reported herein was performed pursuant to a contract with the Office of Education, U. S. Department of Health, Education and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

U. S. DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE
Office of Education
Bureau of Education for the Handicapped

PREFACE

The diagnostic/prescriptive system began in 1974 by RRC #7 provides an effective format for implementation of portions P. L. 94-142, including multidisciplinary staffings, examination of least restrictive environments and preparation of individual educational plans. The work is relevant to the needs developing in LEAs and SEAs.

This work could not have been accomplished without the active assistance and cooperation of the directors of regional special education districts within the State of Illinois. Planning assistance was provided by the Illinois Office of Education. Special thanks go to Illinois State University staff who provided technical assistance during the replication stages.

The keys to the success of the project are the skilled professionals who formed the RRC team. These individuals developed a multidisciplinary team approach to diagnosis and prescription which delivered outstanding service to all clients. They were able to move from a diagnostic status to a teaching emphasis with unusual skill. Working with them has been a very rewarding experience.

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Area 1: State Program Development

Element 1D: Technical assistance via consultation, workshops, etc.

Introduction: A brochure describing the function and goals of the RRC was published and distributed. A slide-tape was also used to inform districts of diagnostic classroom procedures. Workshops on topics related to programming were sponsored throughout the state.

The major thurst of this element was the workshop activity designed to implement replication of the diagnostic classroom model. Two administrators workshops were held in Peoria and one two week workshop for training teachers was conducted.

Major Activities:

Workshop topics included:

Childhood Autism
Limited Language and Severe Behavior Disorders
Evaluation of Early Childhood-Low Incidence Handicapped Children
Informal and Formal Pre-School Assessment of Handicapping Conditions
Treatment and Self-Help Skills for Severely Handicapped Children
Mini-Clinics Evaluation: Educational and Neurological
Severe Language Disorders in Young Children
Pediatric-Neurology and Special Education
Concept Development Testing in Early Childhood
Seizure Activity
Mainstreaming
Early Childhood
Inservice for Pupil Personnel Services (5 training workshops held)
Feeding and Early Communication Skills for Severely Handicapped

These workshops were held at various locations within the State of Illinois.

. . . Replication

A two day workshop for potential replicators was held in early April, 1977, after an initial needs assessment to determine the varying needs of administrators in the state. At the request of these directors, a one day follow up meeting was held in June, 1977. In August, each participant district sent one or more teachers to the two week training session. The goal was to train teachers from replicating regions in techniques of diagnosis and prescription writing.

Results/Conclusions: Workshops were evaluated by participants. Ratings were high since topics were those requested by local personnel. Most workshops were run in conjunction with universities in the state. Since all workshops were attended by teachers, numerous children were indirectly assisted.

. . . Replication

The replication workshops were highly successful and resulted in adoption/adaption of the diagnostic prescriptive model by 12 of 15 possible districts. Through this assistqnce, a total of 688 children were diagnosed, 328 served through consultation and 397 with prescriptions for educational programs. See the following chart for a break down by districts. Comments follow.

Name and Location of Association	Diagnosis	Consultation	Prescription	Follow-Up
Tri-County/SIU Coop. Carbondale, IL	22	150	8	-
Chicago Title I Chicago, IL	15	-	15	13
Southern Illinois Association Coulterville, IL	38	11	N.A.	-
Western Illinois Association Rock Island, IL	13	5	-	3
Northwestern Illinois Association DeKalb, IL	42 (clinic)	N.A.	25 (monitoring)	-
Regional Service Agency Skokie, IL	216 (center) 3 (classroom) (mostly hearing)	-	3	-
West Central Association Springfield, IL	153 (preschool)	3	153	3
Eastern Illinois Special Education Charleston, IL	20	-	20	-
Southern Illinois Association Edwardsville, IL	10	5	20	-
Lake-McHenry Association Gurnee, IL	6	4	3	-
South Metropolitan Association Dolton, IL	10	10	10	5
Joliet Alternative High School Joliet, IL	140	140	140	41
TOTAL:	688	328	397	65

Illinois Regional Resource Center Diagnostic Prescriptive Model
Children Served During
Fall Semester, 1976

Comments

In evaluation of the project, administrators of regional programs made the following comments:

> "This diagnostic opportunity has been a direct support of our Early Childhood Program. We have seen the impact as being additional support in public awareness and program support in diagnosis. We plan two extra remedial classes for the fall. The planning is going on at the present time. We also project having another diagnostic class" . . . Mary Budzik, Lake-McHenry Association, Gurnee, IL

> "We found no deficiencies in the program. We appreciate the opportunity to diagnose as well as the help in writing prescriptions. The greatest advantage as found was the teaming effort which is inherent in the model. Another advantage was the resource of the federal money and the technical expertise offered by the RRC" . . . Myron Dagley, Regional Service Agency, Skokie, IL

> "We are happy with the RRC model. We are working on an educational plan for the entire region which will propose three educational diagnostic classrooms adapted for three areas in our region. The model program in Springfield was the reason for implementation of these educational classrooms" . . . Stan Nelson, West Central Association, Springfield, IL

> "Before the Title VI guidelines were changed, we had planned to add two behavioral consultants to our diagnostic team. With the change in guidelines, we may not be able to afford this. We do plan, however, to provide diagnostic coverage to 0-21 populations. This will be an expansion of the existing program" . . . Jerry Maring, Northwestern Illinois Association, DeKalb, IL

> "We will expand our severe and profound multiply handicapped diagnostic services. We also discovered that additional classrooms are necessary for treatment of the multiply handicapped. This identification process was a direct result of the diagnostic classroom model provided through the RRC funds" . . . Robert Van Dyke, South Metropolitan Association, Dolton, IL

Area 1: State Program Development

Element 1E: Other strategies for stimulating interstate/state capacity.

Introduction: Through this element the state was assisted in development of state guidelines for writing individual educational programs. Other state assistance was provided through instructional workshops in components of IEPs.

Major Activities: The major activity was development of state guidelines for IEPs. A consultant was hired for planning, writing and field testing. Three field test sites were chosen representing a rural joint agreement, a suburban joint agreement and a large city district. Planning for the diagnostic/prescriptive model replication was also carried in this element. The state also requested assistance in providing workshops on physical education and related subjects in relation to individual education programs.

Results and Conclusions: As a result of this activity, over 20,000 guideline booklets were printed and distributed throughout the state. Planning for replication brought training directly to 23 teachers and 15 administrators. This training resulted in an expansion of services to hundred of children throughout the state.

Area 2: Educational Appraisal

Element 2A: Provide testing for referred persons.

Introduction: Covered in this element is the securing of referrals and conducting of screening.

Major Activities: Active effort was expended to secure referrals. The RRC services were advertised through letters, brochure distribution, newspapers and personal contact. All per sons referred to the RRC were screened at a multidisciplinary intake staffing. A case leader was assigned and given responsibility for coordinating diagnosis. This activity continued through all three years of the project.

Results/Conclusions: All legitimate referrals were accepted for testing and consultation. Over the period of the contract, over two hundred eighty in-depth case studies were completed. This element also represented all direct service referrals for which medical testing was purchased.

Recommendations: It is recommended that similar direct service continue to be made available, with local monitoring, to handicapped children. A great deal of extraordinary help was provided as is documented by letters from parents and educational planners.

Element 2B: Provide evaluation for referred persons.

Introduction: This element covered all evaluations for referred students.

Major Activities: All children referred and screened were evaluated by appropriate medical and nonmedical personnel to determine the exact nature and extent of their handicapping condition. Children were evaluated in the model classroom setting or in their home school setting, if that was deemed more appropriate. A case leader followed through on each case, reporting progress at weekly staffings. Reappraisal was also a part of this element and follow up was done every three months until a case was considered closed.

Results/Conclusions: In preparation for contract close, all cases were reviewed by staff. During the three year period, 238 children were appraised. Complete follow-up revealed only six who were in need of actual re-appraisal. Most students were functioning as expected by RRC and the local school district.

Area 3: Educational Programming

Element 3A: Develop educational programs for referred persons.

Introduction: This area includes the basic work of the diagnostic/prescriptive model: individualized educational programs.

Major Activities: The diagnostic/prescriptive model has as its two main components, assessment (diagnosis) and development of educational program (prescription). For each child for whom assessment was done, an educational program was developed. This plan was returned to the child's referring school for implementation assisted by the follow-along consultation of one of the RRC staff. Plans were written in explicit terms with consideration for the local districts' resources. In many cases, the follow-along consultant prepared required materials to be used by the child/teacher or loaned materials owned by the RRC.

Results/Conclusions: All children for whom plans were developed and teachers to whom they were assigned were strongly supported by RRC staff until the receiving teacher felt assured of his/her success with the child. In one case of a multiply, profoundly involved child, who at 15 did not yet walk unaided, special assistance was given the staff of his school to train them how to encourage his walking. They learned well and the boy began walking unaided six weeks later. Many such dramatic incidences resulted from the RRC involvement.

Recommendations: It is suggested that direct program/child intervention monitored at the local level is a more effective use of federal dollars than the development of further bureacracy in the RRC structure. Too much has already been spent on training trainers to write about training trainers without ever delivering actual service to children. We seem to have a gap between the theorietical level of activity and the availability of the benefits of theory for children with handicaps. My recommendation is that BEH seek to simplify the system and make funds available where they are most helpful to handicapped children, not where they merely add jobs for non-handicapped adults.

Solving The Unsolvable: Object Of Model Special Education Program

BY ART ANDREWS

Imagine a classroom with one student, or two at most.

The children receive specialized attention from a number of professional people besides teachers.

And the goal is to solve what seem to be unsolvable educational problems for the children.

That's the situation at the Regional Resource Center, a nearly two-year-old special education program which is operated at the Diagnostic Learning Center, 3202 N. Wisconsin.

Here a model program for children with complex handicaps is being developed for possible use across the nation.

Peoria School District 150 holds the contract from the Bureau of Educationally Handicapped, U.S. Department of Health, Education and Welfare, to operate the program for Illinois.

Illinois State University is cooperating on the project.

What kinds of children are helped?

HERE are two examples:

● Johnny is an 8-year-old deaf child who was referred to the RRC by the teacher of his hard-of-hearing class and a psychologist about a year ago.

He was having difficulty focussing his attention and concentrating on his work. In addition, the teacher had difficulty because Johnny, who was forced to rely on his eyes a great deal, was not progressing as well as expected.

A social worker contacted the teacher and Johnny's parents to discuss the problem. The deaf educator attached to the RRC team consulted with the teacher and observed John, both in a one-to-one and a group situation.

A neurological examination was scheduled by a pediatric neurologist, to which John's mother and the deaf educator accompanied him.

As a result, medication to control Johnny's attention span was prescribed. And his teacher was given directions to track behavior change.

The RRC deaf educator supplied special materials to the teacher to try with Johnny. Although medication changes were necessary, Johnny's teacher reports now that he is beginning to read.

And the deaf educator continues to follow the case and make suggestions to the teacher, as needed.

This was a case in McLean County in which the RRC team played a consultative role, working in the child's home setting rather than in a classroom.

THE ROLE of the classroom at the Diagnostic Learning Center is illustrated by the following case study:

● Ronnie is a 10-year-old retarded Peoria boy with visual, speech and orthopedic problems who exhibited behavioral problems in his educable, mentally handicapped (EMH) classroom.

"To all observers the problems suggested a serious emotional upset," said the social worker. "He was brought into the RRC classroom to determine what educational approach should be taken to work with him."

Although Ronnie could read and apparently carry on a conversation, observations and in-depth testing began to show a pattern. Ronnie was functioning in a more retarded manner than general psychological testing revealed.

A child psychiatrist was brought in. It was decided that Ron was unable to compete in the EMH room and therefore was reacting by displaying socially unacceptable behaviors.

IN ADDITION, his self-help skills were very poor. He needed instruction in such basic areas as grooming, dressing and eating habits.

The final result was that Ronnie was placed in a trainable, mentally handicapped (TMH) class where instruction in self-help skills were emphasized.

"He is no longer displaying the socially unacceptable behaviors. The present teacher is satisfied that Ron is fitting into the classroom. The RRC staff will follow up this placement through periodic contacts with Ron and his teacher."

Mrs. Dea Boker, assistant director of the RRC, says that persons are accepted, ages 3-21, from the public schools or elsewhere.

"They don't necessarily have severe hardicaps but their complexity keeps the child from learning, or there may be strange patterns — he learns one thing well but not another," she explained.

Medical personnel frequently are called in because "often it's a medical problem." She recalled one such child who constantly was falling asleep, even during testing.

IF A CHILD is referred to the RRC classroom, the "intake staff" — psychologist, social worker, diagnostic teacher and deaf educator — reviews the case.

The child is observed at home or school to try to determine the problems and narrow the referral. A staffing is held to discuss them.

"If we can help the child within the classroom, we like to leave him there. But about 10 per cent of the children are referred here because there is no method to help in the classroom," Mrs. Boker said.

In the RRC classroom, intensive work is done — person to person. The teacher has an aide. Two students is the maximum number in a classroom. The child remains four to six weeks while being diagnosed and an "educational prescription" is developed.

This goes back to the regular teacher. The placement also may be changed, to a different kind of classroom. Or perhaps there'll be extra help in the regular room.

Peoria has one of the 13 Regional Resource Centers established throughout the nation. While most of them cover multistate regions, Peoria's serves the state of Illinois only.

Its role to the state is one of providing opportunities for educators to come in and "see how it's done" through conferences and workshops.

Peoria School District 150 serves as the fiscal agent for the project but has no administrative control over it.

Funding from the Bureau of Educationally Handicapped amounts to $405,000 for the year ending Feb. 1, 1977. This money provides diagnostic help for children, staff and program.

There are 15 persons on the RRC staff, including the director, Harold Berjohn. As of March 15, a total of 178 children had been served since the program began in 1974. There have been 10 to 15 more since. Seventeen boys and girls have gone through the RRC classroom.

Now the clinical teaching processes necessary to diagnose learning problems, and to prescribe appropriate educational programs for students with complex learning problems, are being readied for duplication elsewhere.

Next month a group of educators from elsewhere who have handicapped children with undiagnosed problems will meet at the RRC in Peoria to see if similar programs can be set up in their hometowns.

Twenty-five teachers from around the state will be involved in the two-week "how to" summer session.

EIGHT-YEAR-OLD Chuck Twang finds it's fun to learn when you get to work with neat things such as cards that make trains and other interesting objects. Helping Chuck at Peoria District 150's Diagnostic Learning Center is Mrs. Mildred Moser, one of the teachers. Chuck is the son of Mr. and Mrs. Chuck Twang, 2213 N. University.

Area 3: Educational Programming

Element 3B: Consult with schools and other agencies relative to programming.

Element 3C: Consult with parents and teachers upon request.

Introduction: These two elements should be considered together since all case studies included multidisciplinary staffing conferences to which parents and school personnel were invited.

Major Activities: The policy of the Illinois RRC has been to involve parents and school personnel as equal partners in educational planning for children. All communication and consultation was shared. Consultation was carried out in homes, in receiving schools, at the RRC and by phone when necessary. Parents and school personnel were considered part of the team structure.

Results/Conclusions: Using this approach to educational planning has proven beneficial for students, teachers and parents. Care was taken to encourage non-threatening attitudes in those consulting. This is important in the development of an environment which nurtures rather than rejects the handicapped child.

Area 3: Educational Programming

Element 3D: Periodically, re-examine and re-evaluate programs for clients.

Introduction: All clients were tracked during the RRC contract period. Re-evaluation of prescribed educational programs was accomplished where success was not evident.

Major Activities: A "tickler" file systematically brought forward names and students to be re-examined. The child's parent or teacher was contacted routinely and progress reviewed. Where progress was not as expected, re-evaluation was done. Further consultation was necessary in these cases. It was generally found that the learning environment had not been regulated to benefit the child.

Results/Conclusions: Of the 238 children re-evaluated, only 6 needed complete re-assessment. Children who were successful over 3 quarterly checks were considered closed cases.

Area 4: Sharing Resources

Element 4C: Participate with other RRC (and ALRC within same region) to bring learning resource center concept to clients in an articulated manner.

Introduction: The meaning of the above statement is nebulous since "learning resource center concept" remains undefined; however, we have interpreted this element to mean cooperation between similar units working toward the same goal.

Major Activities: All publications from RRC #7 were shared with other RRC offices. They included Illinois RRC Diagnostic Teaching Model Manual, Partnership with Parents, and Guidelines for Development of an Effective Diagnostic System. Staff participated in conferences and other meetings held by other RRCs where these could be useful.

A cooperative effort was developed with the ALRC in which educational materials were furnished to teachers implementing educational prescriptions from the RRC. This effort proved moderately effective, limited only by lack of proximity of the ALRC office.

Results/Conclusions: Cooperation in the described area could not fully develop because of the short time period involved. It was necessary to begin operation of the model classroom and turn out "graduates" before the prescriptions could be implemented in the receiving schools. This system only became effective during the last year of ALRC operation.

Area 5: Project Accountability and Administration

Introduction: The elements of project administration can be considered conjointly since this is a maintanence rather than task function.

Major Activity: All fiscal accountability has been the responsibility of the administrative district. Reporting and all other administrative functions were carried out by the RRC staff. The project cooperated with CORRC in gathering of data requested by BEH and participated in meetings and activities as requested by BEH.

Results/Conclusions: Reporting was simplified when CORRC instituted their last computor program. It is too bad this was not done until the last six months of the contract period. Working with BEH was sometimes difficult because timelines and goals were not held and expecrations were not always clearly indicated. In general, project administration was not unusually difficult.

Recommendations: In future RRC operations, it would be helpful if:

1. Learning Resources Branch personnel were unified in their communication with and expectations for RRC.
2. Directors meetings were designed to solve problems and share pertinent information, and not held as philosopical forums for a few individuals.
3. Each RRC concentrated on service to their own region and did not become involved in the national committees. The committees did not contribute anything substantial and tended to direct attention away from the prime purpose of the work. Formation of the committees also gives encouragement to an RRC system concept which is contrary to expressed BEH intent.
4. BEH took a somewhat more decisive role in interation of RRCs. Although it is understood that an effort has been made to be non-directive, it is more cost effective and efficient to provide some general operational guidelines so individual groups will not waste time and money on un-production ventures.

Supplemental Materials Index

Title: The Illinois Regional Resource Center Diagnostic Teaching Model

Author: Preston-Hinsdale, K. (Primary Author)
Cook, J.; Morreau, L.; Smith, P.; Zirk, J.

Region: #7

Abstract: Complete guide, with flow charts, describing RRC #7 diagnostic/ prescriptive system from referral through follow up. Sample forms included.

Title: Guidelines for the Development of an Effective Diagnostic System

Author: Morreau, L,; Boker-Pfeiffer, D.; Smith, P.

Region: #7

Abstract: Principles and examples of field tested diagnostic system. Guidelines for system development. Sample forms included.

Title: Partnership with Parents

Author: Boker-Pfeiffer, D.; Morreau, L.; Smith, P.

Region: #7

Abstract: Stresses development of rapport between professionals and parents. Many examples and open ended questions in each unit. Can be used as short inservice modules.